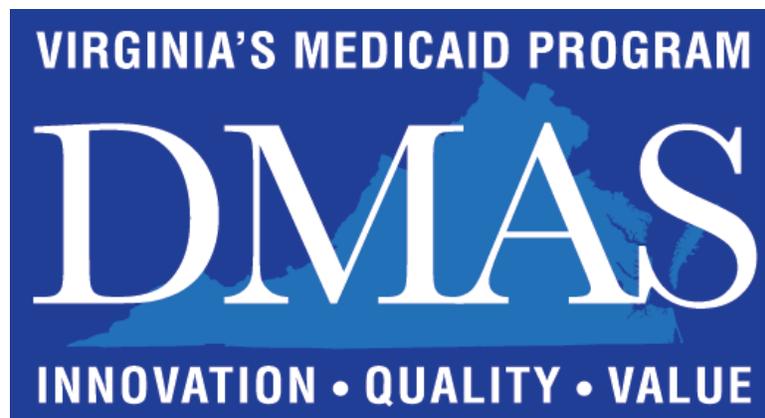


# Monthly MCO Compliance Report

**Medallion 4.0 May 2019 Deliverables**



**Health Care Services Division**

July 15, 2019

# Monthly MCO Compliance Report

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## Medallion 4.0 May 2019 Deliverables

### Contents

Compliance Points Overview.....	2
Summary.....	3
Aetna Better Health of Virginia .....	4
Anthem Healthkeepers Plus.....	6
Magellan Complete Care .....	7
Optima Health.....	9
UnitedHealthcare .....	12
Virginia Premier .....	14
Compliance Activity Data .....	17
Next Steps.....	21

# Compliance Points Overview

MCO	Prior Month Point Balance	Point(s) Incurred for Current Month*	Point(s) Expiring from May 2018	Final Point Balance	Area of Violation: Finding or Concern
<u>Aetna</u>	3.0	1.0	0.0	4.0	<b><u>FINDINGS</u></b> Late Submissions <b><u>CONCERNS</u></b> EI Claim Timeliness
<u>Anthem</u>	0.0	0.0	0.0	0.0	N/A
<u>Magellan</u>	2.0	0.0	0.0	2.0	<b><u>CONCERNS</u></b> EI Claim Timeliness
<u>Optima Health</u>	10.0	1.0	0.0	11.0	<b><u>FINDINGS</u></b> Data Error <b><u>CONCERNS</u></b> EI Claim Timeliness
<u>United</u>	3.0	1.0	0.0	4.0	<b><u>FINDINGS</u></b> Claims Payment
<u>VA Premier</u>	6.0	0.0	0.0	6.0	<b><u>CONCERNS</u></b> Data Error EI Claim Timeliness

*\*All listed point infractions are pending until the expiration of the 15 day comment period.*

Notes:

-**Findings**- Area(s) of violation; point(s) issued.

-**Concerns**- Area(s) of concern that could lead to potential findings; **no** points issued.

-**Expired Points**- Compliance points expire 365 days after issuance. Thus, all points issued in May 2018 (Issue date: 6/15/18) are expired as of 6/15/19 and are subtracted from the Final Point Balance.

# Summary

The **Compliance Review Committee (CRC)** met on June 26, 2019 to review deliverables measuring performance for May 2019 as well as other reported program issues. The CRC consists of five managers and supervisors from the Health Care Services division who vote on what, if any, compliance enforcement actions to take in response to identified issues of potential non-compliance.

The CRC voted to issue compliance points to managed care organizations (MCOs) for late submissions of reporting deliverables, submissions containing data errors, and failure to meet claims payment timeliness standards. In addition, four of the MCOs had some issues with the timely payment of early intervention (EI) claims.

Each MCO's compliance findings and concerns are further detailed below. Data related to the Health Care Services Division's compliance activities are also included. The Department communicated the findings of its review of May's compliance issues in letters issued to the MCOs on June 28, 2019.

# Aetna Better Health of Virginia

## Findings:

- **Untimely Deliverable Submissions:** Aetna failed to timely submit the May 2019 Foster Care Barrier Report deliverable as required by Section 1.6.7 of the Medallion 4.0 Deliverables Technical Manual. The report was due June 17, 2019, but was not submitted until June 18, 2019 after prompting from the Compliance Team.

Section 10.1.E.d.b of the Medallion 4.0 contract requires the MCOs to submit reporting deliverables timely, with accurate data, and in the format and layout specified by DMAS. Thus, Aetna violated the terms of the Medallion 4.0 contract in the deliverable submission addressed above.

According to Section 10.1.E.a of the Medallion 4.0 contract, failures to comply with the contract that "[i]mpair[] the Department's ability to properly oversee and/or analyze Contractor performance, including but not limited to reporting errors" should receive 1 point. As a result, the CRC voted to assess Aetna a **one (1) point violation** for its untimely submission of the May 2019 Foster Care Barrier Report deliverable.

Aetna has accumulated 4.0 points, placing it in Level 1 on the Compliance Deficiency Identification System. As described in 10.1.D of the Medallion 4.0 contract, an MCO in Level 1 of the Compliance Deficiency Identification System is not subject to financial sanctions. As a result, Aetna will not be assessed financial sanctions for this issue. The CRC voted not to require Aetna to submit a Corrective Action Plan (CAP). **(CES # 2161)**

## Concerns:

- **Untimely Payment of EI Claims:** The Department timely received the May 2019 Early Intervention Services Report deliverable from Aetna. Upon review, the Compliance Unit discovered that the report indicated that Aetna failed to adjudicate 6 clean claims for EI services within 14 days of their receipt in May 2019.

Section 5.5 of the Medallion 4.0 contract requires the MCOs to adjudicate all clean claims for EI services within 14 days of their receipt. Thus, Aetna violated the terms of the Medallion 4.0 contract in failing to adjudicate clean claims for EI services within 14 days of their receipt. The Compliance Unit raised the issue with the Maternal and Child Health Unit Manager, and the manager indicated that the MCOs had previously been made aware of the issue

and that the plans were informed that they had until the end of July 2019 to fix the problem at which point they would potentially be subject to compliance points and financial sanctions.

Taking the Maternal and Child Health Unit Manager's comments under advisement, the Compliance Team recommended that in response to the issues identified above, Aetna be issued a **Notice of Non-Compliance (NONC)** without any associated compliance points, financial sanctions, or corrective actions. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **NONC without associated compliance points or financial sanctions** in response to this issue. **(CES # 2162)**

### **MIP/CAP Update:**

- No updates

### **Appeal Decision:**

- No appeals

### **Expiring Points:**

- No expiring points

### **Financial Sanctions Update:**

- No outstanding sanctions at this time

### **Summary:**

- For deliverables measuring performance in May 2019, Aetna showed a generally high level of compliance. Aetna timely submitted 20 of 21 required monthly reporting deliverables, and those deliverables did not expose any programmatic issues. The non-compliant deliverable submission is addressed above (in **CES # 2161**). Aetna's member and provider call centers complied with abandonment ratio requirements, and outside of an issue listed above (in **CES # 2162**), Aetna complied with all applicable provider payment timeliness requirements. In summation, Aetna complied with almost every regulatory and contractual requirement.

# Anthem Healthkeepers Plus

## **Findings:**

- No findings (*i.e.*, no compliance issues severe enough to necessitate the issuance of compliance points)

## **Concerns:**

- No concerns

## **MIP/CAP Update:**

- No updates

## **Appeal Decision:**

- No appeals

## **Expiring Points:**

- No expiring points

## **Financial Sanctions Update:**

- No outstanding sanctions at this time

## **Summary:**

- For deliverables measuring performance for May 2019, Anthem showed an extremely high level of compliance. Anthem timely submitted all 21 required monthly reporting deliverables, and those deliverables did not expose any programmatic issues. Anthem's member and provider call centers complied with abandonment ratio requirements, and Anthem complied with all applicable provider payment timeliness requirements. In summation, Anthem continued to be a top performer, and complied with every regulatory and contractual requirement.

# Magellan Complete Care

## Findings:

- No findings (*i.e.*, no compliance issues severe enough to necessitate the issuance of compliance points)

## Concerns:

- **Untimely Payment of EI Claims:** The Department timely received the May 2019 Early Intervention Services Report deliverable from Magellan. Upon review, the Compliance Unit discovered that the report indicated that Magellan failed to adjudicate 1 clean claim for EI services within 14 days of its receipt in May 2019.

Section 5.5 of the Medallion 4.0 contract requires the MCOs to adjudicate all clean claims for EI services within 14 days of their receipt. Thus, Magellan violated the terms of the Medallion 4.0 contract in failing to adjudicate clean claims for EI services within 14 days of their receipt. The Compliance Unit raised the issue with the Maternal and Child Health Unit Manager, and the manager indicated that the MCOs had previously been made aware of the issue and that the plans were informed that they had until the end of July 2019 to fix the problem at which point they would potentially be subject to compliance points and financial sanctions.

Taking the Maternal and Child Health Unit Manager's comments under advisement, the Compliance Team recommended that in response to the issue identified above, Magellan be issued a **NONC** without any associated compliance points, financial sanctions, or corrective actions. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **NONC without associated compliance points or financial sanctions** in response to this issue. **(CES # 2163)**

## MIP/CAP Update:

- No updates

## Appeal Decision:

- No appeals

## Expiring Points:

- No expiring points

## **Financial Sanctions Update:**

- No outstanding sanctions at this time

## **Summary:**

- For deliverables measuring performance in May 2019, Magellan showed a very high level of compliance. Magellan timely submitted all 21 required monthly reporting deliverables, and those deliverables did not expose any programmatic issues. Magellan's member and provider call centers complied with abandonment ratio requirements, and outside of an issue listed above (in **CES # 2163**), Magellan complied with all applicable provider payment timeliness requirements. In summation, Magellan complied with almost every regulatory and contractual requirement.

# Optima Health

## Findings:

- **Data Submission Error:** The Department timely received the May 2019 MCO Claims Report deliverable from Optima. Upon review, it was determined that the deliverable contained a significant data error. Specifically, the report indicated that Optima had adjudicated one claim more than 365 days after it was received, in violation of Section 5.5 of the Medallion 4.0 Contract and 42 C.F.R. § 447.45. That indication is clearly false, since the Medallion 4.0 program has been in operation for under 365 days.

Section 10.1.E.d.b of the Medallion 4.0 contract requires the MCOs to submit reporting deliverables timely, with accurate data, and in the format and layout specified by DMAS. Thus, Optima violated the terms of the Medallion 4.0 contract in the deliverable submission addressed above.

According to Section 10.1.E.a of the Medallion 4.0 contract, failures to comply with the contract that "[i]mpair[] the Department's ability to properly oversee and/or analyze Contractor performance, including but not limited to reporting errors" should receive 1 point. As a result, the CRC voted to assess Optima a **one (1) point violation** due to a significant reporting error in its MCO Claims Report deliverable.

Optima has accumulated 11.0 points, placing it in Level 2 on the Compliance Deficiency Identification System. As described in 10.1.D of the Medallion 4.0 contract, the Compliance Deficiency Identification System requires a plan in Level 2 to be issued a financial sanction in the amount of \$5,000 for each compliance enforcement action taken. As a result, Optima will be assessed a **\$5,000 financial sanction**. The CRC voted not to require Optima to submit a CAP. (CES # 2167)

## Concerns:

- **Untimely Payment of EI Claims:** The Department timely received the May 2019 Early Intervention Services Report deliverable from Optima. Upon review, the Compliance Unit discovered that the report indicated that Optima failed to adjudicate 36 clean claims for EI services within 14 days of their receipt in May 2019.

Section 5.5 of the Medallion 4.0 contract requires the MCOs to adjudicate all clean claims for EI services within 14 days of their receipt. Thus, Optima violated the terms of the Medallion 4.0 contract in failing to adjudicate clean

claims for EI services within 14 days of their receipt. The Compliance Unit raised the issue with the Maternal and Child Health Unit Manager, and the manager indicated that the MCOs had previously been made aware of the issue and that the plans were informed that they had until the end of July 2019 to fix the problem at which point they would potentially be subject to compliance points and financial sanctions.

Taking the Maternal and Child Health Unit Manager's comments under advisement, the Compliance Team recommended that in response to the issues identified above, Optima be issued a **NONC** without any associated compliance points, financial sanctions, or corrective actions. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **NONC without associated compliance points or financial sanctions** in response to this issue. **(CES # 2164)**

### MIP/CAP Update:

- No updates

### Appeal Decision:

- **CES # 2081:** The Department received the following message from Optima in regards to **CES # 2081**, a case in which Optima was issued a five (5) point violation for failure to meet the required answer rate for its member call center: "Optima Health is in receipt of the letter dated June 13, 2019, Case ID 2081: MCO Call Center Statistics (Monthly). Thank you for the opportunity to comment on this Warning Letter.

The Call Center Statistics Report in question was from our Member Inquiry Lines for the month of April, 2019. This would include not only Optima Health's Member Service Line, but also those of our subcontractors answering calls from our members. It was the statistics from Southeastrans (SET), our transportation subcontractor that caused us to be out of compliance with this deliverable. At the time, SET identified a few issues which were combining to create the identified call center non-compliance issues. While any on their own might not have caused the issue per se – the fact that they all happened within a relatively short period of time may be the reason for the non-compliance.

First, there was an increase of call center volume. Next, there was unexpected turnover in staff in the call center as well as a wide-spread call center staff illness (Type-B flu outbreak with 19 people out). There was the need for re-training for dispatch purposes for high risk trips. There was also the need to find and replace the Virginia State Director for SET.

### Action Plan

When the April Call Center statistics were received from SET around May 10th (for April report), Optima contacted SET immediately for them to provide an Action Plan for abandonment rate improvement. SET provided their plan which included several new hires and a re-routing of certain types of calls to assist with call volume around. Since that time, there is a noticeable downward trend from out-of-compliance due to an abandonment rate over 5% to May weekly averages of: 3.4%, 3.32%, 2.81%, 1.46%, and 1.20% (week of 5/29 to 6/4). This indicates to Optima that not only has SET's plan of action eliminated compliance issues, but it has also increased the overall quality of SET's Call Center to levels better than months prior to any contractual compliance issues. Of course, we will continue to monitor SET's quality in the weeks and months to come to assure continued progress towards better member care."

Upon reviewing Optima's statement, the CRC voted to uphold the actions taken in conjunction with **CES # 2081**.

### **Expiring Points:**

- No expiring points

### **Financial Sanctions Update:**

#### **The following financial sanctions will be sent to Fiscal:**

- May 2019 Data Submission Error - \$5,000 (**CES # 2167**)

### **Summary:**

- For deliverables measuring performance in May 2019, Optima showed a generally high level of compliance. Optima timely submitted all 21 required monthly reporting deliverables, and those deliverables did not expose any programmatic issues. One deliverable contained a significant reporting error (addressed above in **CES # 2167**). Optima's member and provider call centers complied with abandonment ratio requirements, and outside of an issue listed above (in **CES # 2164**), Optima complied with all applicable provider payment timeliness requirements. In summation, Optima complied with almost every regulatory and contractual requirement.

# UnitedHealthcare

## Findings:

- **Claims Payment:** The Department timely received the May 2019 MCO Claims Report deliverable from United. Upon review, the Compliance Unit discovered that the report indicated that United adjudicated 98.06% of clean claims within 90 days of receipt in the month of May 2019.

Section 5.5 of the Medallion 4.0 contract and 42 C.F.R. § 447.45 require the MCOs to adjudicate 99% of all clean claims received within 90 days of their receipt. Thus, United violated the terms of the Medallion 4.0 contract.

According to Section 10.1.E.a of the Medallion 4.0 contract, the Department may assess one (1) compliance point in response to violations that "represent[] a threat to smooth and efficient operation, but do[] not imperil member care or integrity of program." As a result, the CRC voted to assess United **a one (1) point violation** due to its failure to comply with claims payment timeliness requirements.

United has accumulated 4.0 points, placing it in Level 1 on the Compliance Deficiency Identification System. As described in 10.1.D of the Medallion 4.0 contract, an MCO in Level 1 of the Compliance Deficiency Identification System is not subject to financial sanctions. As a result, United will not be issued financial sanctions for this issue. The CRC voted not to require United to submit a CAP. **(CES # 2166)**

## Concerns:

- No concerns

## MIP/CAP Update:

- No updates

## Appeal Decision:

- No appeals

## Expiring Points:

- No expiring points

## Financial Sanctions Update:

- No outstanding sanctions at this time

## Summary:

- For deliverables measuring performance in May 2019, United showed a generally high level of compliance. United timely submitted all 21 required monthly reporting deliverables, and those deliverables did not expose any programmatic issues. United failed to meet a claims payment timeliness requirement (see **CES # 2166**). However, United's member and provider call centers complied with abandonment ratio requirements. In summation, United complied with almost every regulatory and contractual requirement.

# Virginia Premier

## Findings:

- No findings (*i.e.*, no compliance issues severe enough to necessitate the issuance of compliance points)

## Concerns:

- **Data Submission Error:** The Department timely received the April 2019 EPSDT Services Report deliverable from Virginia Premier. Upon review by the Department's subject matter expert, it was determined that Virginia Premier misunderstood some of the report's specifications and included some incorrect information. The Department's subject matter expert requested that Virginia Premier submit a revised version of the report, and gave Virginia Premier three business days to submit the revised report. Virginia Premier submitted a revised report with partial data within the timeframe specified by the subject matter expert, explaining that it could not compile all of the requested data before the subject matter expert's deadline. Subsequently, Virginia Premier submitted a complete version of the revised report that complied with the Department's subject matter expert's specifications.

Section 10.2 of the Medallion 4.0 contract requires the MCOs to submit revised versions of deliverables upon the request of the Department. The revised deliverables are required to be free of errors. The MCOs are required to submit the revised deliverables within 10 business days of the Department's request. Virginia Premier violated the terms of the Medallion 4.0 by initially submitting the April 2019 EPSDT Services Report with incorrect information, and then submitting an incomplete revised version of the report.

The CRC voted to issue Virginia Premier a **NONC without associated compliance points or financial sanctions** in response to this issue. The CRC voted against issuing any compliance points, financial sanctions, or a CAP because the EPSDT Services Report deliverable had recently undergone fairly significant changes, and some initial errors were expected and unavoidable. In addition, the CRC noted that DMAS' subject matter expert set a deadline of three business days for the submission of the revised report, a deadline that did not comport with the 10 business day deadline established by Section 10.2 of the Medallion 4.0 contract. **(CES # 2141)**

- **Untimely Payment of EI Claims:** The Department timely received the May 2019 Early Intervention Services Report deliverable from Virginia Premier. Upon review, the Compliance Unit discovered that the report indicated that

Virginia Premier failed to adjudicate 24 clean claims for EI services within 14 days of their receipt in May 2019.

Section 5.5 of the Medallion 4.0 contract requires the MCOs to adjudicate all clean claims for EI services within 14 days of their receipt. Thus, Virginia Premier violated the terms of the Medallion 4.0 contract in failing to adjudicate clean claims for EI services within 14 days of their receipt. The Compliance Unit raised the issue with the Maternal and Child Health Unit Manager, and the manager indicated that the MCOs had previously been made aware of the issue and that the plans were informed that they had until the end of July 2019 to fix the problem at which point they would potentially be subject to compliance points and financial sanctions.

Taking the Maternal and Child Health Unit Manager's comments under advisement, the Compliance Team recommended that in response to the issues identified above, Virginia Premier be issued a **NONC** without any associated compliance points, financial sanctions, or corrective actions. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **NONC without associated compliance points or financial sanctions** in response to this issue. **(CES # 2165)**

### MIP/CAP Update:

- No updates

### Appeal Decision:

- **CES # 2101:** The Department received the following message from Virginia Premier in regards to **CES # 2101**, a case in which Virginia Premier was issued a one (1) point violation for reporting errors in its March 2019 Foster Care Barrier Report: "We understand that Virginia Premier made adjustments to our Foster Care Barrier Report as a result of some feedback and discussions with DMAS staff in April and May; however, we would like to provide some additional information about this reporting deliverable.

Section 6.4.B *Foster Care & Adoption Assistance Children and Youth* states that the barrier report should be used to report "any barriers identified in contacting and/or providing care to foster care children." In the previous submission of the barrier report, Virginia Premier was reporting all barriers that were experienced in the reporting period. We understand after discussions with DMAS Foster Care SMEs that DMAS only wanted us to report specific barriers that DMAS felt they could assist with resolving and to exclude other types of barriers (e.g. '01' adopted/reunified). We used the information gathered from discussions to update our reporting process to produce future reports more in line with DMAS expectations; however, we believe that the reports submitted for April were within the technical reporting requirements outlined in the contract and MCTM. Given that the report content was adjusted

based off guidance provided from DMAS outside of information that was published in the contract and MCTM, we are requesting that DMAS reconsider the assessment of a CMP point for this report.

Thank you for your consideration and please let us know if you have any questions.”

Upon reviewing Virginia Premier’s statement, the CRC voted to uphold the actions taken in conjunction with **CES # 2101**.

### **Expiring Points:**

- No expiring points

### **Financial Sanctions Update:**

- No outstanding sanctions at this time

### **Summary:**

- For deliverables measuring performance in May 2019, Virginia Premier showed a generally high level of compliance. Virginia Premier timely submitted all 21 required monthly reporting deliverables, and those deliverables did not expose any programmatic issues. One deliverable contained reporting errors (see **CES # 2141**). Virginia Premier’s member and provider call centers complied with abandonment ratio requirements, and outside of an issue listed above (in **CES # 2162**), Virginia Premier complied with all applicable provider payment timeliness requirements. In summation, Virginia Premier complied with almost every regulatory and contractual requirement.

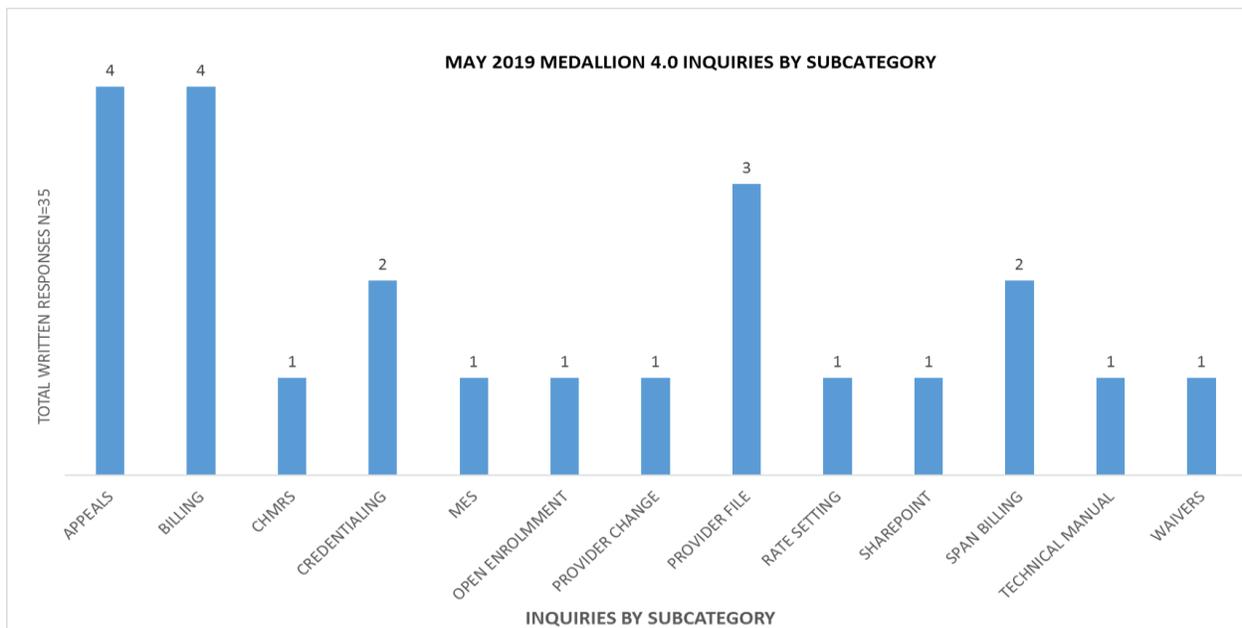
# Compliance Activity Data

## Provider and Member Inquiries

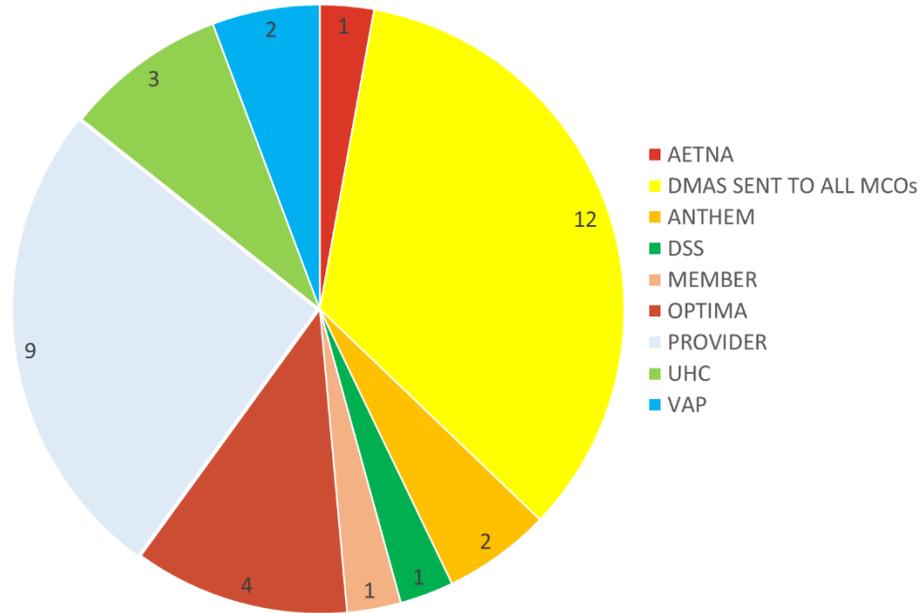
May 2019 – Member and Provider Solutions Unit

Member Inquiries <i>Received</i>	18
Provider Inquiries <i>Received</i>	24
MCO Inquiries <i>Received</i>	10
CMHRS Inquiries <i>Received</i>	12
Constituent Concerns ("Pinks") <i>Received</i>	9
Other Inquiries <i>Received</i>	56
Marketing Materials <i>Reviewed</i>	50

### MEDALLION 4.0 MAILBOX MONITORING



MAY 2019 MEDALLION 4.0 INQUIRIES BY PROVIDER, STAKEHOLDER & MCO



\*All received were responded too n=23

## PROVIDER FRAUD ACTIVITY THROUGH MAY

PROVIDER FRAUD ACTIVITY REFERRED TO MCOS		
DESCRIPTION	OPEN CASES	CLOSED CASES
GOOD CAUSE REFFERALS		9
INFORMATION REFEERAL TO MCO		6
ENDING PAYMENT SUSPENSIONS		8
MFCU INVESTIGATIONS	1	21
PAYMENT SUSPENSIONS		9
PROVIDER TERMINATIONS		27
<b>TOTAL</b>		<b>81</b>

## MEDALLION NEWBORN RECONCILIATION OVERSIGHT

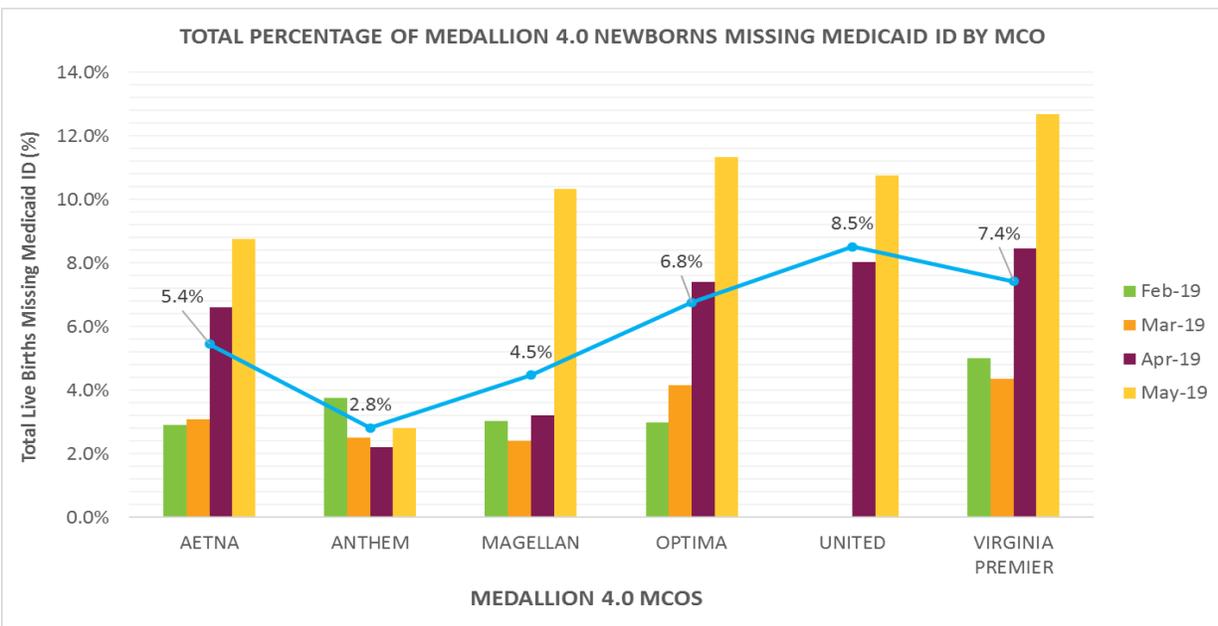
MCO	2017_05	2017_06	2017_07	2017_08	2017_09	2017_10	2017_11	2017_12	2018_01	2018_02	2018_03	2018_04
Anthem	F	F	F	F	F	C	F	F	F	S	S	S
Coventry	F	F	F	F	F	F	F	F	F	C	C	S
INTotal	F	F	C	F	C	C	F	C	C	C	C	S
Kaiser	F	F	F	F	C	F	C	F	F	C	F	S
Optima	F	F	F	F	F	F	F	F	F	C	F	S
Premier	F	C	C	F	F	F	C	F	C	C	C	S

F = Closed. All newborn processing is complete for the MCO for the period and payment has been issued.  
 S = Recon request file has been submitted to DMAS and is being processed for reconciliation payment.  
 C = Waiting for MCO to approve Provider Payment Agreement in order to make final reconciliation payment.

## MEDALLION 4.0 MAGELLAN BHSa CMHRS CLAIMS

Reporting Month	Amount	Status	Actual Retraction	Date Completed
SEPTEMBER	\$7,303.84	CLOSED	\$7,303.84	10/10/2018
OCTOBER	\$20,020.71	CLOSED	\$20,020.71	1/4/2019
NOVEMBER	\$198,261.12	CLOSED	\$119,047.14	3/29/2019
DECEMBER	\$13,432.02	OPEN		
JANUARY	\$6,396.68	OPEN		
FEBRUARY	\$1,035.73	OPEN		
MARCH	\$3,030.12	OPEN		
APRIL	\$5,329.28	OPEN		
MAY	\$0.00	CLOSED	NA	NA
JUNE	\$291.48	OPEN		
<b>Total Retraction Due</b>				<b>\$108,729.29</b>
<b>Actual Retraction Completed</b>				<b>\$146,371.69</b>

## MEDALLION 4.0 LIVE BIRTHS OVERSIGHT



*\*The data is graphed by Newborn's Date of Birth*

## MEDALLION 4.0 MCO PROVIDER CONTRACT REVIEWS

Sub_Dt_MCO	MCO	Submission_of	DMAS_Comp1	DMAS_Decision	MCO_EditsDue	MCO_Comp_Days	DMAS_Ap_Dt	DMAS_Comp2	Final_Status
2/20/2019	Aetna	Hospital, Provider, Facility Agreement Templates	26	Resubmission	7/16/2019	Pending MCO		0	
2/27/2019	Anthem	PCP Provider Agreement	8	Resubmission	7/5/2019	46	4/24/2019	2	Approved
3/15/2019	United	NPO Participation Agreement	20	Resubmission	8/2/2019	Pending MCO		0	
5/23/2019	Anthem	VA Medicaid Addendum for EyeMed Vision Care, LLC	20	Resubmission	10/10/2019	15	7/3/2019	6	Approved

## MEDALLION 4.0 MEMBER LETTERS DASHBOARD – MAY

### MEDALLION 4.0 LETTERS DASHBOARD - MAY 2019

Letter Type	Date DMAS Approved	Date Sent	Total Letters Sent
Medallion 4.0 Assignment	5/20/2019	5/21/2019	8,288
Medallion 4.0 MedEx Assignment	5/20/2019	5/23/2019	13,195
Medallion 4.0 Re-Enrollment	5/20/2019	5/21/2019	1,990
Medallion 4.0 MedEx Re-Enrollment	5/20/2019	5/21/2019	1,016
Medallion 4.0 Change	NA	NA	0
Medallion 4.0 MedEx Change	NA	NA	0
Medallion 4.0 OE Northern/Winchester	5/21/2019	5/24/2019	77,115
<b>Total Letters Sent</b>			<b>101,604</b>

# Next Steps

At this time, the Compliance Unit is continuing monthly Compliance Review Committee meetings, following up on reoccurring issues, and communicating with the MCOs regarding identified issues. The Compliance Unit is in the process of expanding the types of compliance issues it investigates, and involving itself with programmatic issues as well as technical deliverable issues.

The Compliance Unit is expanding the amount of face-to-face contact it has with MCO compliance personnel, and members of the Compliance Unit have conducted site visits at all six MCOs that administer the Medallion 4.0 program.

The Compliance Unit is also responsible for generating and maintaining policies and procedures for the Health Care Services Division. The Compliance Unit has generated six policy and procedure documents to date, and the long-term project to create policies and procedures is ongoing.